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PATHOLOGICAL PLEASURES AND PAINS.¹

THE title of this article may appear paradoxical, pleasure being ordinarily the expression of a state of health or even of exuberance of life, whilst pain is by definition a diseased state. It must be acknowledged that the expression "abnormal" would be preferable. Nevertheless, the facts which form the subject of our study are not uncommon and deserve separate consideration, for the anomalies and deviations of pleasure and pain serve to give us a better insight into their nature.

The application of the pathological method to psychology is in need of no justification ; its title is already established. The results obtained are too numerous and too well known to require enumeration. The principal advantages of the method are two : (1) It is an instrument of amplification, and magnifies the normal phenomenon. (Hallucination enables us to understand better the rôle of the image, and hypnotic suggestion throws a flood of light on the suggestion of common life.) (2) It is an invaluable instrument of analysis. Pathology, it has been justly said, is simply physiology deranged ; for nothing enables us to understand a mechanism better than the suppression or the displacement of one of its wheels. Aphasia produces a decomposition of memory, and discloses properties, which the subtlest psychological analysis could never have compassed, nor even have foreshadowed.

The principal difficulty in this method consists in determining the precise moment at which it can be applied. The distinction of health and disease is at times extremely troublesome. Undoubtedly

¹ Translated from Professor Ribot's manuscript by Thomas J. McCormack.

there are cases where hesitation is impossible ; but there are border zones which fluctuate widely between disease and health. Claude Bernard has ventured to write : "The normal state so called is a pure fiction of the mind, an ideal typical form entirely denuded of the thousand and one divergences between which the organism incessantly oscillates amid its alternating and intermittent functions." If this is true of health of body, how much more is it so of health of mind. The dilemma, That man is insane or not insane, says Griesinger, is absolutely devoid of meaning in many cases. The psychical organism, being more complex and more unstable than the physical organism, admits far less easily of the establishment of a norm. Finally that difficulty attains its maximum in our subject, because the emotional life which is the most mobile of all the forms of the psychical life oscillates incessantly about a point of equilibrium and is constantly apt to fall too low or to rise too high.

But as it is imperative to decide upon the adoption of some characters as pathological marks, or criteria, in distinguishing the healthy from the unhealthy in the affective sphere, we shall adopt those enunciated by Féré. According to him an emotion may be considered morbid :

(1) When its physiological concomitants appear with extraordinary intensity. [It would seem proper to add "or with extraordinary depression."]

(2) When it is produced without a sufficient determining cause.

(3) When its effects are unduly prolonged.¹

These three criteria, which I shall call, abnormal reaction by excess or deficit, (apparent) disproportion between cause and effect, chronicity, may often be used to advantage in the study of the morbid emotions. For the present we are concerned only with pleasure and pain.

I.

Let us begin with pleasure. I shall examine first a typical case studied by many psychologists, but of which none in my opinion

¹ Féré, *Pathologie des émotions*, p. 223.

has given a satisfactory explanation. I refer to the particular state that has been called *the luxury of grief* (Spencer), *pleasure in pain* (Bouillier), but which might more precisely be called *the pleasure of pain*. It consists in the willing embrace of suffering and in the enjoyment of it as genuine pleasure.

This disposition of the soul is not, as might be supposed, exclusively characteristic of *blasé* people and of artificial civilisations; it seems to be inherent in humanity on its first emergence from barbarism. Bouillier¹ has pointed out among the authors of antiquity passages which mention it, not only in Lucretius, Seneca, and other moralists, but in the poems of Homer, themselves a reflex of an extremely primitive civilisation and of one furthermore in which "people rejoiced in their tears." They are to be found, I suppose, in the Bible and in the epics of ancient India. We are dealing, therefore, with no unusual phenomenon; although the further we advance in civilisation the more frequent is its appearance.

But facts will avail more than quotations. They are various in kind: pleasure of physical pain, pleasure of moral pain. Some patients experience an intense voluptuousness in irritating their wounds. "I have known," says Mantegazza, "an old man who confided to me that he found extraordinary pleasure, inferior to no other he had ever experienced, in scratching the inflamed edges of an old sore on his leg, from which he had suffered for several years."² A celebrated scholar of the Renaissance, Jerome Cardan, tells us in his autobiography, "that he could never go without suffering, and that when such befel him, he was conscious of a gathering impetuosity which welcomed additional pain, of any sort and however great, as a positive relief." Thus, he was wont in this condition to torture his body till the tears came.³ We might continue with a long enumeration of the pleasures of physical pain. Of the pleasure of mental pain I shall give but one instance: melan-

¹ Bouillier, *Du plaisir et de la douleur*, Chap. VII.

² Mantegazza, *Fisiologia del piacere*, p. 26.

³ A curious study in pathological psychology awaits the psychologist in the *De Vita Propria* of Cardan, who was manifestly what in our days is called a neuropath, a non-equilibrate.

choly in the ordinary, not in the medical, signification of the word, viz., that of lovers, of poets, of artists, etc.,—a state which may be regarded as the type of the complaisant degustation of sadness. There is none of us but can be sad, if we wish, but not melancholical. I shall further mention in passing the pleasures of the ugly in æsthetics, and the taste for bloody spectacles and tortures.

Let us leave the facts, now, for the attempts at explanation which have been proposed. They are not numerous. Bouillier (*loc. cit.*) appears to adopt the opinion of a Cartesian, who says: "If the soul in all its movements of passion, even in its most painful, is in some sort gratified by the secret pain it suffers; if it willingly embraces this pain; if it repulses all proffers of consolation; it is because it is conscious that the state in which it exists is the state of heart and mind which best accords with the situation." I do not understand this pretended explanation. I prefer that of Hamilton, who finds the principal cause "in the superaddition of activity which the feeling of our sufferings imparts to our whole being." This, at least, is logical, inasmuch as the pleasure is referred to its ordinary correlative—increase of activity. Spencer has treated the problem at some length. He says:¹

"Here I will draw attention only to one other egoistic sentiment; and I do this chiefly because of its mysterious nature. It is a pleasurable-painful sentiment, of which it is difficult to identify the nature, and still more difficult to trace the genesis. I refer to what is sometimes called "the luxury of grief." . . . It seems possible that this sentiment, which makes a sufferer wish to be alone with his grief, and makes him resist all distraction from it, may arise from dwelling on the contrast between his own worth as he estimates it and the treatment he has received—either from fellow-beings or from a power which he is prone to think of anthropomorphically. If he feels that he has deserved much while he has received little, and still more if instead of good there has come evil, the consciousness of this evil is qualified by the consciousness of worth, made pleasurable dominant by the contrast . . . , there is an idea of much withheld, and a feeling of implied superiority to those who withhold it. . . . That this explanation is the true one, I feel by no means clear. I throw it out simply as a suggestion: confessing that this peculiar emotion is one which neither analysis nor synthesis enables me clearly to understand."

¹ *Principles of Psychology*, Vol. II., § 518.

The foregoing explanation seems to me to be only a partial one and inapplicable to all cases. In my opinion, all attempts of this sort are doomed to failure because their authors proceed on the assumptions of normal psychology. The phenomena in question should be treated by the pathological method. It will be objected, possibly, that this is but substituting one word for another. But that this is not the case, will be seen from the following.

Psychologists have made the mistake of attacking the phenomena from the beginning in too delicate a form, and of considering them separately. They should have proceeded, not by the way of synthesis, nor by that of analysis, but by the method of amplification. What is necessary is to establish a series, in which the last terms, enormously magnified, shed light on the first. Let me indicate the principal stages of the gradation : æsthetic, transitory, and intermittent melancholia ; spleen ; melancholia in the medical sense of the term. "One abnormal mode of feeling in melancholic patients," remarks Krafft-Ebing, "is the happiness of pain (*Leidseligkeit*). Ideas, which in the healthy state would provoke pain, excite in the afflicted consciousness of these patients a weak sentiment of satisfaction which expresses their corresponding affective tone." Going further, we meet with a tendency to suicide, and finally with suicide itself. The last term furnishes a key to the understanding of all the others. The first are simply *embryonic forms, abortive or mitigated, of the creature's tendency towards its own destruction, or of the desire which regards that end as an agreeable consummation*. Checked in the immense majority of cases, the feeble forms are yet an initial step towards the destruction, and can only be explained by approach from the extreme case.

Evolutionists have advanced the hypothesis of animals so constituted that pleasure in their case was coupled with destructive acts, and pain with beneficial acts ; and that as every animal seeks pleasure and avoids pain, such animals are bound to perish from their very nature. The supposition is not chimerical, for we constantly see men delighting in acts which they know perfectly well will speedily lead to their taking-off. A being thus constituted is

abnormal, illogical, and bears within him a self-contradiction which can only result in his annihilation.

But, it may be said, if pain and harmful actions on one side and pleasure and beneficial actions on the other, form indissoluble couples, so that a painful state in consciousness is the equivalent of destructive acts in the organism, and *vice versa*, we should have, in the case supposed, necessarily an inversion—pleasure would express disorganisation, pain reorganisation. The hypothesis in question, which is improbable on its face, does not appear necessary. If we admit that pleasure and pain always exist by virtue of simultaneous and contrary processes, of which the sole difference exists in consciousness, it is sufficient if one of the two processes augments or the other diminishes abnormally, for the difference also to alter in favor of the one or the other. Unquestionably, the ultimate result is a contradiction of the rule, because in the cases considered the surplus which should be negative (pain) is positive (pleasure); and this a fresh proof that we are confronted with a deviation, with an anomaly, with a pathological case, which should be treated accordingly.

We have selected and studied a typical case ; it remains for us, not to enumerate, but to classify pathological pleasures, in order to show their frequency.

Taking as our guide the excellent definition of Mantegazza, "morbid pleasure is one which is the cause or the effect of a disease," I distribute them into the following three classes :

1. *Semi-pathological pleasures.* These form a transition from the healthy to the morbid-sound. They are such as require an excessive or prolonged expenditure of vital energy. It is known that pleasures of taste, of smell, of sight, of hearing, of touch, of muscular exercise, of sexual intercourse, produce fatigue and exhaustion, or even suddenly become painful. The pleasures of dotage, of self-love, of possession, when transformed into passions, that is, when increased in intensity and stability, cease to be pure pleasures : a painful element is mingled with them. This phenomenon is natural and logical, since all augmentation of activity carries with it losses and consequently the conditions of pain. The present

class is scarcely morbid, because the pain succeeds the pleasure. This is not the case with the next two, where the pleasure springs directly from the destruction and is alone dominant in consciousness.

(2) *Pleasures destructive of the individual.* I shall not stop at certain anomalies of the taste and smell. But the pleasures due to intoxication and to narcotic stimulants are so widespread as to appear inherent in humanity. At all times and in all places, even among savage races, man has found artificial means of transporting himself, if only for a moment, to spheres of dreams and enchantment. These are pleasures which he has created for his own destruction. But there are cases more striking still, not acquired and invented, cases in which pleasure conceals and dominates the work of disorganisation. Thus, during a certain period of general paralysis the patient believes himself in the possession of unbounded energy, health, riches, and power, and his satisfaction and happiness are expressed in his whole demeanor. Thus, in certain forms of acute mania, the disease is assimilated, on one side, which we shall here neglect, to anger, while on the other side we are confronted with a broad expansive humor, a joy which overflows, a sentiment of energy and vigor. Some of these patients say on their recovery that they have never felt so happy as during their disease (Krafft-Ebing). We might also cite the case of consumptives. Such patients are never so rich in hopes and fertile in projects as when they are on the brink of death. Finally, there is the "euphoria" of the dying. The attempt has been made to explain this by analgesia, as if the suppression of pain were identical with the appearance of joy. Féré, who has examined this question in his *Pathologie des émotions* (p. 170 et seq.), assumes that this exaltation is due to momentary, but positive, conditions of the cerebral circulation.

Must we admit in such cases that, by an almost inconceivable violation of natural determinism, pleasure becomes the expression in consciousness of a profound, implacable disorganisation? Of this there is no need. It is more rational to assume that pleasure is connected here as elsewhere with its natural cause, a superactivity of the vital process. Every pathological pleasure is accompanied

with excitability, but the latter is not a normal activity, lacking which the fever patient or the neuropath would have excess of health. In point of fact, we are confronted by a complex case: on the one side there is a perpetual and enormous waste which proceeds at a tremendous rate without expression in consciousness; on the other side a momentary and conscious superficial excitation. The anomaly lies in this psychical disproportion, or rather, in the myopia of consciousness, which cannot transcend its narrow limits and penetrate to the region of the unconscious.

(3) *Pleasures destructive of the social character.* These are connected not with the sufferings of the individual but with those of others. Such is the pleasure experienced in killing, in seeing persons killed, in bloody spectacles, in bull fights, combats of animals, and, in a far feeble degree, in listening to or in reading accounts of bloody deeds. These pleasures can be explained. They denote the satisfaction of violent and destructive tendencies which, weak or powerful, unconscious or conscious, exist in all men. Their study carries us into the pathology of tendencies which I shall not treat here. I shall simply remark in passing that these tendencies involve a certain expenditure of energy—which is one of the conditions of active pleasure.

A final question. Can pleasure, but particularly joy, be the cause of a grave catastrophe, such as insanity and death?

Some alienists, Bucknill, Tuke, Guislain, and others, have cited cases of insanity which they attribute to sudden joy: an unexpected legacy, a coveted place or honor. Griesinger maintains “that it is extremely rare for immoderate joy alone to produce insanity, if it ever does so.” Others deny its possibility absolutely.¹ It is certain that in the enumeration of the causes of insanity joy does not occupy a place.

The same thesis has been upheld with regard to death,² which is produced suddenly or as the result of syncope.

But this is entirely too simple a view of the question. In the first place joy, in so far as it is a state of consciousness, could not

¹ Féré, *Pathologie des émotions*, pp. 293, 294.

² For the facts, authentic or not, see Féré, *loc. cit.*, p. 233.

have this result. The catastrophe is incapable of being explained except by sudden and violent organic disorders, which could have the indicated effect only on predisposed subjects. It is not joy that kills or drives persons insane, but the shock received by a creature abnormally conditioned. It would be more correct to say that an event which in the common run of men ought to cause joy, produces in the instance in question a particular pathological state which ends in insanity or death.

2.

The reverse side may be treated rapidly. Rare cases are met with of people who are pained at the good fortune falling to their lot: they have the pain of pleasure. I do not know of their having been treated by psychologists, and it does not seem to me worth while to undertake their study. The very opposite in form to the pleasure of pain, it resembles the latter in its foundation. The state of mind met with in certain pessimists is rightly called eccentric or bizarre; the general opinion regards it instinctively as a deviation, as an anomaly. Furthermore, this is but a particular case of a more general condition of existence, namely, of morbid or pathological despondency, which we shall now study. I remarked above that since pain and despondency involve always an element of disease, the expression *abnormal* would be more exact, or less exposed to criticism.

To determine whether a physical or moral pain falls without the rule and should receive the designation abnormal, we have recourse to the three criteria laid down at the beginning of this article, and we may take as a single type *melancholia* in its medical sense. It presents the required characters: long duration, disproportion between the cause and the effect felt, excessive or deficient reaction.

A description of the melancholic state is superfluous, as it may be found in all treatises on mental diseases. The affection has many clinical forms varying from *melancholia attonita* or melancholy with stupor to the cases marked by excitement and incessant groaning, from very light forms to the severe and incurable states. It

will suffice for our present purpose to point out its most general characters. In comparing melancholia with ordinary despondency we are practising the method of amplification or enlargement, the morbid state being simply the normal state in excessive relief.

1. We know that the physiological characters of normal pain are reducible to a single formula : depression of the vital functions. The rule also applies to melancholia ; but here the organic depression is much more marked. Constriction of the vaso-motor nerves, whence result a diminution of the size of the arteries, anæmia, coldness of the extremities ; decrease of the cardiac pressure, which may drop from a mean of 800 grammes to 650 or even to 500 ; progressive slackening of the nutrition, with the various symptoms which result therefrom ; digestive troubles, stoppage of the secretions ; slow and infrequent movements, aversion to all muscular effort, all toil, all exercise of the body ; the only exception being in cases of acute melancholia, where there are periods of disordered reflexes and attacks of violent rage. Such is the general picture. We see that it is that of pain pushed to the limits, and that we find here also, as in the normal form, passive and active pains.

2. The psychical characters consist first of an affective state, which varies from stolid resignation to despair ; some patients are so completely effaced that they believe they are dead. It has been observed that generally sad characters run to melancholia, and that gay characters tend more to mania : both being exaggerations of the normal state. The intellectual condition consists in a weakening of the association of ideas, in a sluggishness of mind. Ordinarily, a fixed idea predominates, excluding from consciousness everything that is not in accord with it. Thus, the hypochondriac thinks of nothing but his health. A patient suffering from nostalgia thinks only of his country or home, and those afflicted with religious melancholy, only of their salvation. The activity of the will is almost zero ; aboulia, “the consciousness of all absence of desire is of the very essence of the malady” (Schüle). At times there are violent and unexpected reflex impulses, constituting a fresh proof of the effacement of the will. In fine, whilst normal despondency has its moments of remittance, melancholia is a prison-house of pain, in

whose impenetrable walls there is no fissure by which a ray of joy can penetrate.

And here arises a question which we cannot neglect, for it is connected with the thesis we have upheld: the fundamental rôle of the affective life. Passive melancholia being taken as the type of the painful state in its permanent and extreme form, what is the origin of that state? Two answers are possible. It may be assumed that a physical pain or a definite image engenders the melancholic disposition and poisons the affective life. It may be assumed that a vague and general state of depression and of disorganisation is constituted and takes fixity in the shape of an idea. On the first hypothesis the intellectual state comes first and the affective state is but its effect. On the second hypothesis, the affective state is first and the intellectual state the result.

This problem, which is less practical than psychological, has engaged the attention of very few alienists. Schüle¹ assumes both origins. At times the patient, suffering with a painful depression which is without cause and which he cannot get rid of, accepts matters as they are; but most frequently he connects his vague feeling of pain with some prior or present event of his life. At times, though still more rarely, the dominant idea appears first, and forms the pivot of the melancholic state and of its sequel. Dr. Dumas, who has devoted a special work to this question,² from his own observations comes to the same conclusion as Schüle. One of his patients attributed her incurable despondency, in turns and without sufficient reason, to her husband, to her son, or to the work which she feared she was neglecting. In others, the origin was intellectual: loss of fortune, the idea of irrevocable damnation, etc. Whence the author was led to assume: (1) a melancholia of organic origin, which is most frequent; (2) a melancholia of intellectual origin, which is extremely rare.

Can the two forms in which this malady appears, be referred to

¹Schüle, *Traité clinique des maladies mentales*. Art. "Melancolie," French translation, pp. 21, 28.

²G. Dumas, *Les états intellectuels dans la melancolie*. A number of detailed observations will be found here.

a common and deeper cause? Such is the aim of the following solution of Krafft-Ebing: "It is necessary to consider psychical pain and the inhibition of ideas as co-ordinate phenomena, and then we shall be in a position to discover for these variations a common cause, namely, a nutritive disorder of the brain (anæmia?), leading to a lessened expenditure of nervous activity. Viewed comprehensively, melancholia may be regarded as a morbid state of the psychical organ founded on nutritive disorders and characterised on the one hand by a feeling of pain and a particular mode of reaction for the whole of consciousness (psychical neuralgia) and on the other by the difficulty of psychical movements (instincts, ideas), and finally, by their inhibition."¹

I should be loth to incur the reproach of extracting from the facts more than they contain, and of securing unity no matter at what cost. But it follows from the foregoing that if the affective state is not everywhere and always the original state, it is at least most frequently so. Besides, it is intimately connected with trophic disorders which are fundamental, so that we may reach the same conclusion by a different way. Dumas (*loc. cit.*, p. 113 et seq.) has insisted on the depressing effects of paludism, on the torpor, the physical and moral apathy of the inhabitants of Sologne, Dombes, Maremma, and other regions infested with malaria, which may be epitomised in two words, despondency and resignation. These effects are all in favor of the organic origin of melancholic maladies.

The special study of the anomalies of pleasure and of pain is not only important in itself. The formula generally accepted since Aristotle, which couples pleasure with what is beneficial and pain with what is detrimental, is subject to many exceptions in practice. Perhaps the establishment of a pathological group in the study of pleasure and pain, will enable us to resolve some of the difficulties of this subject and prevent the rule and the anomalies from being placed on the same plane and from being unduly confounded. It extricates us from embarrassing questions and furnishes a plausible explanation in a number of cases.

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¹ Krafft-Ebing, Vol. II., Section I., Chap. 1.